



## VETERANS' GROUP LIFE INSURANCE

### Follow these easy steps!

To get VGLI, just complete the attached application and mail it with your first premium payment in the postage paid envelope. We'll send you a *Certificate of Coverage* as confirmation.

#### 1. Complete Your Personal Information

Complete all personal information fields on the application form.

#### 2. Choose Your Coverage Amount

You can elect VGLI coverage in \$10,000 increments—up to the amount of SGLI you had at separation. You'll find premium rates for the most frequently requested coverage amounts on the next page. Your premium is determined by your coverage amount and your age on the 121st day after your separation OR your age on the date coverage is approved, whichever is later. Premiums will change when you move into the next age bracket.

Please note—If you elect less coverage than your SGLI amount, you will only have one year and 120 days from your separation date to apply for a coverage increase up to your SGLI amount.

#### 3. Choose When and How to Pay Premiums

With VGLI, you can choose the payment frequency that's best for you—monthly, quarterly, semi-annually, or annually. You can save by making payments less frequently—save 5% by paying premiums once a year! You can choose from the payment options in the chart below.

| Payment Frequency | Your Savings   | Payment Method                                                                                                                                              |
|-------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly           | Not applicable | <ul style="list-style-type: none"><li>• Deduction from military retirement pay</li><li>• Deduction from VA disability compensation</li><li>• Mail</li></ul> |
| Quarterly         | 2.5%           | <ul style="list-style-type: none"><li>• Mail</li></ul>                                                                                                      |
| Semi-Annually     | 3.75%          | <ul style="list-style-type: none"><li>• Mail</li></ul>                                                                                                      |
| Annually          | 5%             | <ul style="list-style-type: none"><li>• Mail</li></ul>                                                                                                      |

If you choose payment by monthly deduction, you'll never have to worry about getting a statement or writing a check on time. Deductions should begin by your third month's premium.

Premium notices will be sent if you choose the "mail" payment method or until your monthly deduction begins.

#### 4. Complete Health Statement When Applying Late

Only complete this section if you are applying more than 120 days after you were discharged from the service.

#### 5. Choose Your Beneficiary & Benefit Payment Option

You can choose any beneficiary you wish. If you need more room to designate beneficiaries, attach a separate sheet and include your name, Social Security Number, signature, and the date. To be valid, your beneficiary designation must be signed, dated, and received by the Office of Servicemembers' Group Life Insurance (OSGLI) prior to your death. If you do not name a beneficiary, your insurance benefits will be paid to your survivors under the provisions of Federal Law. See the VA Insurance Website for details.

#### 6. Be Sure to Include

Proof of your SGLI coverage (e.g., Your DD214, orders, or most recent leave and earnings statement) AND your first premium payment payable to "OSGLI." We suggest you make a copy of your application for your records.

**Questions? Visit the VA Insurance Website or call us.**

Website address: [www.insurance.va.gov](http://www.insurance.va.gov)

Toll-free phone: 1-800-419-1473 (8:00 a.m. to 5:00 p.m. Eastern time)

Premium Amounts

Here are the premium amounts for the most frequently requested coverage amounts. You can save up to 5% by paying premiums less frequently!

Contact us or visit our website if you're interested in premiums for other coverage amounts. Rates are subject to change. Rates shown include discounts.

| Coverage Amount | Age 0-29 |           |               |           |
|-----------------|----------|-----------|---------------|-----------|
|                 | Monthly  | Quarterly | Semi-Annually | Annually  |
| \$ 400,000      | \$ 32.00 | \$ 93.60  | \$184.80      | \$ 364.80 |
| \$ 350,000      | \$ 28.00 | \$ 81.90  | \$161.70      | \$ 319.20 |
| \$ 300,000      | \$ 24.00 | \$ 70.20  | \$138.60      | \$ 273.60 |
| \$ 250,000      | \$ 20.00 | \$ 58.50  | \$115.50      | \$ 228.00 |
| \$ 200,000      | \$ 16.00 | \$ 46.80  | \$ 92.40      | \$ 182.40 |
| \$ 150,000      | \$ 12.00 | \$ 35.10  | \$ 69.30      | \$ 136.80 |
| \$ 100,000      | \$ 8.00  | \$ 23.40  | \$ 46.20      | \$ 91.20  |
| \$ 50,000       | \$ 4.00  | \$ 11.70  | \$ 23.10      | \$ 45.60  |

| Coverage Amount | Age 30-34 |           |               |           |
|-----------------|-----------|-----------|---------------|-----------|
|                 | Monthly   | Quarterly | Semi-Annually | Annually  |
| \$400,000       | \$ 44.00  | \$128.70  | \$254.10      | \$ 501.60 |
| \$350,000       | \$ 38.50  | \$112.61  | \$222.34      | \$ 438.90 |
| \$ 300,000      | \$ 33.00  | \$ 96.53  | \$190.58      | \$ 376.20 |
| \$ 250,000      | \$ 27.50  | \$ 80.44  | \$158.81      | \$ 313.50 |
| \$ 200,000      | \$ 22.00  | \$ 64.35  | \$127.05      | \$ 250.80 |
| \$ 150,000      | \$ 16.50  | \$ 48.26  | \$ 95.29      | \$ 188.10 |
| \$ 100,000      | \$ 11.00  | \$ 32.18  | \$ 63.53      | \$ 125.40 |
| \$ 50,000       | \$ 5.50   | \$ 16.09  | \$ 31.76      | \$ 62.70  |

| Age 35-39 |           |               |           |
|-----------|-----------|---------------|-----------|
| Monthly   | Quarterly | Semi-Annually | Annually  |
| \$ 56.00  | \$163.80  | \$323.40      | \$ 638.40 |
| \$ 49.00  | \$143.33  | \$282.98      | \$ 558.60 |
| \$ 56.00  | \$163.80  | \$242.55      | \$ 478.80 |
| \$ 35.00  | \$102.38  | \$202.13      | \$ 399.00 |
| \$ 28.00  | \$ 81.90  | \$161.70      | \$ 319.20 |
| \$ 21.00  | \$ 61.43  | \$121.28      | \$ 239.40 |
| \$ 14.00  | \$ 40.95  | \$ 80.85      | \$ 159.60 |
| \$ 7.00   | \$ 20.48  | \$ 40.43      | \$ 79.80  |

| Coverage Amount | Age 40-44 |           |               |           |
|-----------------|-----------|-----------|---------------|-----------|
|                 | Monthly   | Quarterly | Semi-Annually | Annually  |
| \$ 400,000      | \$ 76.00  | \$222.30  | \$ 438.90     | \$ 866.40 |
| \$ 350,000      | \$ 66.50  | \$194.51  | \$ 384.04     | \$ 758.10 |
| \$ 300,000      | \$ 57.00  | \$166.73  | \$ 329.18     | \$ 649.80 |
| \$ 250,000      | \$ 47.50  | \$138.94  | \$ 274.31     | \$ 541.50 |
| \$ 200,000      | \$ 38.00  | \$111.15  | \$ 219.45     | \$ 433.20 |
| \$ 150,000      | \$ 28.50  | \$ 83.36  | \$ 164.59     | \$ 324.90 |
| \$ 100,000      | \$ 19.00  | \$ 55.58  | \$ 109.73     | \$ 216.60 |
| \$ 50,000       | \$ 9.50   | \$ 27.79  | \$ 54.86      | \$ 108.30 |

| Age 45-49 |           |               |            |
|-----------|-----------|---------------|------------|
| Monthly   | Quarterly | Semi-Annually | Annually   |
| \$100.00  | \$292.50  | \$577.50      | \$1,140.00 |
| \$ 87.50  | \$255.94  | \$505.31      | \$ 997.50  |
| \$ 75.00  | \$219.38  | \$433.13      | \$ 855.00  |
| \$ 62.50  | \$182.81  | \$360.94      | \$ 712.50  |
| \$ 50.00  | \$146.25  | \$288.75      | \$ 570.00  |
| \$ 37.50  | \$109.69  | \$216.56      | \$ 427.50  |
| \$ 25.00  | \$ 73.13  | \$144.38      | \$ 285.00  |
| \$ 12.50  | \$ 36.56  | \$ 72.19      | \$ 142.50  |

| Coverage Amount | Age 50-54 |           |               |            |
|-----------------|-----------|-----------|---------------|------------|
|                 | Monthly   | Quarterly | Semi-Annually | Annually   |
| \$ 400,000      | \$160.00  | \$468.00  | \$ 924.00     | \$1,824.00 |
| \$ 350,000      | \$140.00  | \$409.50  | \$ 808.50     | \$1,596.00 |
| \$ 300,000      | \$120.00  | \$351.00  | \$ 693.00     | \$1,368.00 |
| \$ 250,000      | \$100.00  | \$292.50  | \$ 577.50     | \$1,140.00 |
| \$ 200,000      | \$ 80.00  | \$234.00  | \$ 462.00     | \$ 912.00  |
| \$ 150,000      | \$ 60.00  | \$175.50  | \$ 346.50     | \$ 684.00  |
| \$ 100,000      | \$ 40.00  | \$117.00  | \$ 231.00     | \$ 456.00  |
| \$ 50,000       | \$ 20.00  | \$ 58.50  | \$ 115.50     | \$ 228.00  |

| Age 55-59 |           |               |            |
|-----------|-----------|---------------|------------|
| Monthly   | Quarterly | Semi-Annually | Annually   |
| \$280.00  | \$819.00  | \$1,617.00    | \$3,192.00 |
| \$245.00  | \$716.63  | \$1,414.88    | \$2,793.00 |
| \$210.00  | \$614.25  | \$1,212.75    | \$2,394.00 |
| \$175.00  | \$511.88  | \$1,010.63    | \$1,995.00 |
| \$140.00  | \$409.50  | \$ 808.50     | \$1,596.00 |
| \$105.00  | \$307.13  | \$ 606.38     | \$1,197.00 |
| \$ 70.00  | \$204.75  | \$ 404.25     | \$ 798.00  |
| \$ 35.00  | \$102.38  | \$ 202.13     | \$ 399.00  |

| Coverage Amount | Age 60-64 |            |               |            |
|-----------------|-----------|------------|---------------|------------|
|                 | Monthly   | Quarterly  | Semi-Annually | Annually   |
| \$ 400,000      | \$450.00  | \$1,316.25 | \$2,598.75    | \$5,130.00 |
| \$ 350,000      | \$393.75  | \$1,151.72 | \$2,273.91    | \$4,488.75 |
| \$ 300,000      | \$337.50  | \$ 987.19  | \$1,949.06    | \$3,847.50 |
| \$ 250,000      | \$281.25  | \$ 822.66  | \$1,624.22    | \$3,206.25 |
| \$ 200,000      | \$225.00  | \$ 658.13  | \$1,299.38    | \$2,565.00 |
| \$ 150,000      | \$168.75  | \$ 493.59  | \$ 974.53     | \$1,923.75 |
| \$ 100,000      | \$112.50  | \$ 329.06  | \$ 649.69     | \$1,282.50 |
| \$ 50,000       | \$ 56.25  | \$ 164.53  | \$ 324.84     | \$ 641.25  |

| Age 65-69 |            |               |            |
|-----------|------------|---------------|------------|
| Monthly   | Quarterly  | Semi-Annually | Annually   |
| \$600.00  | \$1,755.00 | \$3,465.00    | \$6,840.00 |
| \$525.00  | \$1,535.63 | \$3,031.88    | \$5,985.00 |
| \$450.00  | \$1,316.25 | \$2,598.75    | \$5,130.00 |
| \$375.00  | \$1,096.88 | \$2,165.63    | \$4,275.00 |
| \$300.00  | \$ 877.50  | \$1,732.50    | \$3,420.00 |
| \$225.00  | \$ 658.13  | \$1,299.38    | \$2,565.00 |
| \$150.00  | \$ 438.75  | \$ 866.25     | \$1,710.00 |
| \$ 75.00  | \$ 219.38  | \$ 433.13     | \$ 855.00  |

| Coverage Amount | Age 70-74 |            |               |             |
|-----------------|-----------|------------|---------------|-------------|
|                 | Monthly   | Quarterly  | Semi-Annually | Annually    |
| \$ 400,000      | \$ 900.00 | \$2,632.50 | \$5,197.50    | \$10,260.00 |
| \$ 350,000      | \$ 787.50 | \$2,303.44 | \$4,547.81    | \$ 8,977.50 |
| \$ 300,000      | \$ 675.00 | \$1,974.38 | \$3,898.13    | \$ 7,695.00 |
| \$ 250,000      | \$ 562.50 | \$1,645.31 | \$3,248.44    | \$ 6,412.50 |
| \$ 200,000      | \$ 450.00 | \$1,316.25 | \$2,598.75    | \$ 5,130.00 |
| \$ 150,000      | \$ 337.50 | \$ 987.19  | \$1,949.06    | \$ 3,847.50 |
| \$ 100,000      | \$ 225.00 | \$ 658.13  | \$1,299.38    | \$ 2,565.00 |
| \$ 50,000       | \$ 112.50 | \$ 329.06  | \$ 649.69     | \$ 1,282.50 |

| Age 75 and over |            |               |             |
|-----------------|------------|---------------|-------------|
| Monthly         | Quarterly  | Semi-Annually | Annually    |
| \$1,800.00      | \$5,265.00 | \$10,395.00   | \$20,520.00 |
| \$1,575.00      | \$4,606.88 | \$ 9,095.63   | \$17,955.00 |
| \$1,350.00      | \$3,948.75 | \$ 7,796.25   | \$15,390.00 |
| \$1,125.00      | \$3,290.63 | \$ 6,496.88   | \$12,825.00 |
| \$ 900.00       | \$2,632.50 | \$ 5,197.50   | \$10,260.00 |
| \$ 675.00       | \$1,974.38 | \$ 3,898.13   | \$ 7,695.00 |
| \$ 450.00       | \$1,316.25 | \$ 2,598.75   | \$ 5,130.00 |
| \$ 225.00       | \$ 658.13  | \$ 1,299.38   | \$ 2,565.00 |

APPLICATION FOR  
Veterans' Group Life Insurance

Return completed application to:  
OSGLI  
PO Box 41618, Philadelphia, PA 19176-9913

**IMPORTANT:** No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Follow these easy steps!" before completing this application. Please complete all fields.

1. Servicemember Information

|                  |  |  |        |                        |  |     |  |                   |
|------------------|--|--|--------|------------------------|--|-----|--|-------------------|
| Last             |  |  | First  |                        |  | MI  |  |                   |
| No.              |  |  | Street |                        |  |     |  |                   |
| City             |  |  | State  |                        |  | Zip |  |                   |
| E-mail Address   |  |  |        |                        |  |     |  |                   |
| Telephone Number |  |  |        | Social Security Number |  |     |  |                   |
| <div></div>      |  |  |        | <div></div>            |  |     |  |                   |
| Date of Birth    |  |  |        | Gender                 |  | Age |  | Branch of Service |
| <div></div>      |  |  |        |                        |  |     |  |                   |

For OSGLI Use Only

|                      |
|----------------------|
| Action Taken         |
| OSGLI Representative |
| Date                 |
| Date of Separation   |
| Branch of Service    |

2. Coverage Amount

I elect the following VGLI coverage amount:

☐ \$400,000☐ \$350,000☐ \$300,000☐ \$250,000☐ \$200,000☐ \$150,000☐ \$100,000☐ \$50,000

☐ Other

I am enclosing my first premium payment of: \$

Make check or money order payable to "OSGLI."

3. Payment Method

I agree to make future payments by:

☐ Mail Please select frequency: ☐ Monthly☐ Quarterly☐ Semi-Annually☐ Annually

☐ Automatic monthly deductions from military retirement pay

☐ Automatic monthly deduction from VA disability benefits. My VA claim file number is

4. Health Statement

(Only complete this section if you are applying more than 120 days after you were discharged from the service. Attach separate sheet with complete details for any question answered "Yes".)

|                                                                                                                                                                |                          |                          |                                                                                                                       |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>Have you had or been treated for or had known indications of:</b>                                                                                           | <b>Y</b>                 | <b>N</b>                 | <b>Have you within the past five years:</b>                                                                           | <b>Y</b>                 | <b>N</b>                 |
| A. Heart trouble or abnormal pulse?                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | M. Been advised to have a surgical procedure?                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| B. High blood pressure?                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | N. Been a patient or been advised to enter a hospital or health care facility?                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Mental health conditions?                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | O. Consulted, been attended, or examined by a doctor or other practitioner exclusive of annual or periodic physicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Diabetes or sugar in urine?                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | P. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Cancer or tumors?                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | Q. Have you ever been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related complex (ARC)?    | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Lung or respiratory disorders?                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | R. Do you have any known physical impairments, deformities, or ill health not covered above?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Disorder of kidney, bladder, or urinary system?                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | S. Do you have a service-connected disability?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Liver or gallbladder disorder?                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what is the VA claim file number?                                                                             |                          |                          |
| I. Stomach or intestinal disorders?                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                       |                          |                          |
| J. Arthritis?                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                       |                          |                          |
| K. Have you ever been declined or postponed for any form of life or health insurance or offered a policy with a higher premium because of health reasons only? | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                       |                          |                          |
| L. Have you been absent from work because of sickness or injury during the last six months?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                       |                          |                          |

(Continued on reverse side)

### 5. Beneficiary(ies) and Benefit Payment Options

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

#### Principal Beneficiary

Last First MI Social Security Number (if known)  
No. Street City State Zip

Relationship  
To You

Share to  
Beneficiary\*  
(Use %, \$ amount,  
or fractions)

Payment  
Option  
(Lump sum or 36 equal  
monthly installments)

#### Principal Beneficiary

Last First MI Social Security Number (if known)  
No. Street City State Zip

Relationship  
To You

Share to  
Beneficiary\*  
(Use %, \$ amount,  
or fractions)

Payment  
Option  
(Lump sum or 36 equal  
monthly installments)

#### Contingent Beneficiary

Last First MI Social Security Number (if known)  
No. Street City State Zip

Relationship  
To You

Share to  
Beneficiary\*  
(Use %, \$ amount,  
or fractions)

Payment  
Option  
(Lump sum or 36 equal  
monthly installments)

#### Contingent Beneficiary

Last First MI Social Security Number (if known)  
No. Street City State Zip

Relationship  
To You

Share to  
Beneficiary\*  
(Use %, \$ amount,  
or fractions)

Payment  
Option  
(Lump sum or 36 equal  
monthly installments)

#### Contingent Beneficiary

Last First MI Social Security Number (if known)  
No. Street City State Zip

Relationship  
To You

Share to  
Beneficiary\*  
(Use %, \$ amount,  
or fractions)

Payment  
Option  
(Lump sum or 36 equal  
monthly installments)

#### Contingent Beneficiary

Last First MI Social Security Number (if known)  
No. Street City State Zip

Relationship  
To You

Share to  
Beneficiary\*  
(Use %, \$ amount,  
or fractions)

Payment  
Option  
(Lump sum or 36 equal  
monthly installments)

\*If more than one principal or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

**NOTE:** SGLI remains in effect for 120 days after separation. The beneficiary designation above becomes effective when VGLI coverage becomes effective. Initial this box if you wish this designation to change your SGLI beneficiary designation immediately.

Initials

#### Applicant Signature

I understand that I cannot have combined SGLI and VGLI coverage for more than \$400,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

Print Name of Applicant

Social Security Number of Applicant

Signature of Applicant (Do not print. Sign in ink.)

Date

**PENALTY:** The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine, imprisonment, or both.